

License # _____
Eff. Date _____
Powers _____

PART I -- COMPLETED BY THE APPLICANT

1. FULL LEGAL NAME:		
FIRST	MIDDLE	LAST

2. SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

3. RESIDENCE ADDRESS: _____ TELEPHONE # _____
PO Box/Street, City, State, ZIP

4. VEHICLE RENTAL COMPANY NAME: _____ TELEPHONE # _____

5. VEHICLE RENTAL COMPANY LOCATION: _____

 Street, City, State, ZIP

6. Are you currently licensed as a resident agent in West Virginia or any other State? 6. YES NO
If YES: License # _____ Date Issued _____

7. Have you ever been previously licensed as a resident agent in West Virginia or any other State? 7. YES NO
If YES: State(s) of _____ License # _____ Date Issued _____

8. Do you understand that residence address changes MUST be reported to this office within thirty (30) days? 8. YES NO

9. Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by this Department or the Insurance Department of any other State? 9. YES NO

10. Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations)? 10. YES NO

"YES" responses to Questions 9 AND 10 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

11. Do you have a child support obligation?
 A. If YES, does the arrearage (amount owed) equal or exceed the amount of child support payable for six months?
 12. Are you the subject of a child-support related subpoena or warrant?

11. YES NO
 11A. YES NO
 12. YES NO

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS APPLICATION MAY RESULT IN DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, REVOCATION OR SUSPENSION OF THE LICENSE FOR WHICH I AM MAKING APPLICATION.

As the limited licensee, I understand that I shall directly supervise and be responsible for the actions of all other employees at the location named above as relates to the sale of vehicle rental coverage insurance. I further understand that I shall not advertise, represent, or otherwise hold myself or any other employees out as licensed insurers, insurance agents or insurance brokers.

13. APPLICANT'S SIGNATURE: _____ **DATE:** _____

14. State _____, County of _____

The applicant, whose name appears signed to the writing above, **after first being duly sworn by me**, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this _____ day _____, _____ SEAL
Month Year

Notary Public:_____ My Commission Expires_____

PART II -- COMPLETED BY THE INSURANCE COMPANY | _____ |
Company WV I.D. # (10 digits)

15. Insurance Company Name: _____ hereby appoints

16. Agent's Full Legal Name: _____ as a **Resident Agent** for
a Limited License for the sale of Vehicle Rental coverage.

Pursuant to WV Admin. Regulations--114-2-2.1, the company has made an investigation as to the suitability of the appointee.

Attached is \$25.00 License Fee -- Check # _____ Dated _____

17. _____ (_____) _____
Appointing Official Signature Date Phone Number

WVCAR

WEST VIRGINIA INSURANCE COMMISSIONER

Application for Limited License to Sell Automobile Rental Coverage

Instructions

PART I -- RESIDENT APPLICANT'S INSTRUCTIONS:

1. Only legal residents of West Virginia may apply for a Resident Agent's license.
2. To be used by Residents applying for a first-time license or amendment to an existing license.
3. Complete and sign Part I of the application before a Notary who must notarize your signature.
4. Attach documentation, as required, if response is "YES" to Questions 10, 11, and/or 12.
5. Address changes must be reported to Agents Licensing & Education with thirty (30) days.

PART II -- INSURANCE COMPANY INSTRUCTIONS:

1. Complete Part II and sign by Appointing Official.
2. Incomplete and/or incorrect applications will be returned to the company for completion/correction.
3. The completed application must be accompanied by:
 - a. Documentation of responses to Questions 10, 11, and/or 12.
 - b. License Fee: \$25.00 Company check made payable to **WEST VIRGINIA INSURANCE COMMISSIONER.**
 - c. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agents Licensing & Education
PO Box 50541
Charleston, WV 25305-0541
Telephone (304) 348-0610

Overnight Mail Address: 1124 Smith St., Charleston WV 25301

FORM MAY BE PHOTOCOPIED USING WHITE PAPER

COPY MUST BE LEGIBLE